

Signature

TEXAS DEPARTMENT OF HEALTH

BUREAU OF EMERGENCY MANAGEMENT

EMS INACTIVE CERTIFICATION

PRIVACY NOTICE: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.tdh.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

All information given on this form is considered public record, with exception of social security number*.

In all cases, submit this form with the EMS Personnel Recertification Application and fee, to your local Public Health Region office. Check your choice below.				
		Submit with EMS Pers	onnel Recertification App	us will be given the same expiration date as plication, application fee, as listed on wable for ECAs.
	Renew CURRENT, active Application, fee, as listed of certification as inactive, you	or inactive certification on application form, PL ou do not owe the \$25 I ication expiration and i	n as inactive. Submit with US \$25 Inactive Administrative Feature and Sective for 4 years. In	th EMS Personnel Recertification strative Fee . If renewing inactive ee. The inactive certification period begins nactive certification is renewable by
	Renew EXPIRED, active of Application, late fees, as li within 90 days after expiral application form). If you a	or inactive certification sted on application for ation date, your fee is on the applying after 90 dation form). See applic	as inactive. Submit with m, PLUS \$25 Inactive Ad ne and one-half times the ys past expiration date, yo ation form for exact fee a	n EMS Personnel Recertification Iministrative Fee. If you are applying normal application fee (late fee on our fee is double the normal application fee amount. The inactive status period is ECAs.
To gain active certification after your inactive certification: Submit recertification course certificate, EMS Personnel Recertification Application and application fee. Include late fee if renewing within 90 days after expiration date. Include double late fee if renewing between 91 days and one year after expiration date. You must also pass the department-approved written exam. Renewal requirements must be completed no later than one year after the inactive certification expiration date.				
EMS INACTIVE CERTIFICATION STATEMENT				
I am hereby applying for inactive certification. I understand that while in inactive status I shall not provide patient care as that of certified or licensed personnel and may only act as a bystander. Performance in any capacity regulated under the Health and Safety Code, for compensation or as a volunteer, is prohibited and failure to comply shall be cause for certification or license revocation and may be cause for denial of future applications.				
I understand EMS §157.33 Certification and §157.34 Recertification and ALL REQUIREMENTS for reentry to active status.				
Print	ed Last Name	First Name	Middle	Social Security #* or EMS Personnel ID#

^{*}Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name